Name in Full: Estell Abell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leonardtown; County: St Marys

Date of death: Month: June; Day: 5; Years: Age 31; Months; Days

Sex: Female; Color or Race: White; Birthplace: St Marys Co

Occupation: Housewife; Where Residing if not at place of death:

Married, Single or Widowed: Married; Name of Wife or Husband: Jackson Booth Abell

Father's Name: Francis Guy; Father's Birthplace: St Marys Co

Mother's Maiden Name: Nellie Mason; Mother's Birthplace: St Marys Co.

Name of person giving In formation: Jackson B Abell; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis; How long: Last illness 4 or 5 weeks

Immediate: Coma; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. F. Greenwell.

Address: Leonardtown Md.

Accident or Suicide?

LIBRARY BUREAU

Name in Full: James Burroughs

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Near Mechanicsville — County: St. Mary's

Date of death 1904: Month: June — Day: 28

Age: Years: 64 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widowed — Occupation: Farmer

Name of Wife or ~~Husband~~: Rosa Scott

Father's Name: Don't Know — Father's Birthplace: Maryland

Mother's Maiden Name: Don't Know — Mother's Birthplace: Maryland

Name of person giving In formation: Chapman Burroughs — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart disease — How long: two years

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A08016

Name in Full

Certificate of Death

George Cecil Jr -

Died at Valley Lee - Town St. Marys County MARYLAND

Date 1914 - Month June Day 30th | Age Yr. 1 M. 4 D. - | Native of St. Marys | ~~Occupation~~

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

~~Husband~~ ~~Wife~~ of

Father's Name George B. Cecil | Mother's Maiden Name Anna Raley -

Cause of Death: Primary Capillary Bronchitis 90 | How long sick 6 days

Immediate

~~Accident, Suicide, Homicide~~

Reported by T. Hooper Lynch, M.D.

Address Valley Lee, St. Marys Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79809

Name in Full: James Cowper

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Hollywood

County: St Marys

Date of death: Month: June Day: 20 1904

Age: Years: 74 Months: — Days: —

Sex: Male

Color or Race: White

Birthplace: Ireland

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Widowed

Name of Wife or Husband: Henrietta Jos.

Father's Name:

Father's Birthplace: Ireland

Mother's Maiden Name:

Mother's Birthplace: Ireland

Name of person giving In formation: James Cowper

How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Strangulated Hernia

How long: 5 days

Immediate: Exhaustion

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. R. Greswell

Address: Leonardtown Md.

Accident or Suicide?

LIBRARY BUREAU A8S16

Name in Full: Mary Priscilla Drinnen

CERTIFICATE OF DEATH

Died at: Town: St Mary's County: MARYLAND

Date of death 1 90: Month: June Day: 23 Years: Age 72 Months: Days:

Sex: Female Color or Race: white Birthplace: St Mary's Co

Occupation: Housekeeper Where Residing if not at place of death:

Married, ~~Single~~ or Widowed: Name of ~~Wife~~ or Husband: Robert H Drinnen

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: How related to deceased:

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CAUSES OF DEATH

Primary: Infirmities of age How long:

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry Richardson

Address: Great Mills

Accident or Suicide?

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

LIBRARY BUREAU A88816

Name in Full

Certificate of Death

Jno T Goodwin

Died at Town: Hollywood County: St Marys MARYLAND

Date 1904. Month: June Day: 2nd | Age Y. 53 M. – D. – | Native of St Marys | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

Cause of Death: Primary

Immediate Heart Disease

How long sick 6 months

~~Accident, Suicide, Homicide~~

Reported by Uriah Goodwin

Address Hollywood Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister. St Marys Co Md

LIBRARY BUREAU, 70608

Name in Full: John Jacob Hess

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakville — County: St Marys

Date of death: Month: June — Day: 22 — Year: 1904 — Age: Years 74 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Farmer — Where Residing if not at place of death: —

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: — Father's Birthplace: Germany

Mother's Maiden Name: — Mother's Birthplace: Germany

Name of person giving In formation: John Jacob Hess — How related to deceased: Son

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sclerotic Gastritis — How long: two yrs

Immediate: Exhaustion — How long: —

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: F. A. Gruenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full

Certificate of Death

Infant child of M. E. Ridgell Unbaptized,

Died at Town Valley Lee County St. Mary's MARYLAND

Date 1914 Month 6 Day 8 | Age Y. 13 M. D. | Native of Md. | Occupation

Male / Female | White / ~~Colored~~ | Married / Single | Widow / Widower | Divorced | Number of children living

Husband of
Wife

Father's Name M. E. Ridgell

Mother's Maiden Name G. A. Ridgell

Cause of Death — Primary: Pneumonia 93 — How long sick: 2 days

Immediate

Accident, Suicide, Homicide

Reported by Lewis F. Clarke Undertaker

Address Great Mills Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892

Name in Full: Angelina Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Redgate — County: St Marys Co

Date of death: Month: June — Day: 16th — Year: 1904 — Age: Years: 76 — Months: — — Days: —

Sex: Female — Color or Race: Colord — Birthplace: St Marys Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or ~~Husband~~: Robert Smith

Father's Name: — Father's Birthplace:

Mother's Maiden Name: Maria Lee — Mother's Birthplace:

Name of person giving In formation: James H. Holly (Son in Law) — How related to deceased: Son in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: 64 — How long:

Immediate: Apoplexy — How long: Two days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. F. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full David Thomas

Certificate of Death

Died at (Town) Wicks (County) St. mary's MARYLAND

Date 1904 Month 6 Day 16 | Age Y. 65 M. — D. — | Native of md | Occupation —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband of / Wife —

Father's Name Stephen Thomas | Mother's Maiden Name Alsie Thomas

Cause of Death: Primary — acute nephritis — How long sick 10 days

Immediate — Accident, Suicide, Homicide

Reported by Robt. V. Palmer MD

Address Palmers St. mary's Co md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 70908